



- Please note that there are four pages to the brochure (not including this one)
- You may apply online with a credit card here www.peinsurance.com/signup OR:
- If you would like to apply with a paper application, the third page below is an actual application that you can print and complete by hand, **or you may complete on computer and print.** DO NOT SEND CASH. Make check or money order payable to Pacific Educators and mail to:
 - **Pacific Educators**
2808 E. Katella Ave., Suite 101
Orange, CA 92867
- The last page is a **FREE Prescription Drug Card Program** you can print and take to a Pharmacy to help anyone lower their prescription drug costs.
- If you have any questions, please do not hesitate to contact us directly (800) 722-3365 or email at studentinsurance@peinsurance.com

2012-2013 STUDENT INSURANCE PLANS

WE RECOMMEND 24-HOUR-A-DAY COVERAGE

- Accidents happen! When they happen to your child, someone must pay the bills.
- Here are affordable accident insurance plans to cover your child either 24 hours a day (24 hour plan) or while in school (at school plan).
- These plans provide cash benefits to help meet the cost of medical and hospital expense.
- If you have other insurance, these plans will help meet the deductibles and coinsurance gaps in those plans.
- If you have no other insurance, these plans will provide low cost, basic coverage.
- Any benefits payable by the Policy as a result of medical, surgical, dental, hospital or nursing service will be paid directly to the hospital or person rendering such service unless proof of payment in full is provided.

| 24-HR-A-DAY | AT SCHOOL | IMPORTANT PROTECTION FACTS |
|-------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ | ✓ | BECOMES EFFECTIVE THE DATE PREMIUM PAYMENT IS RECEIVED BY THE COMPANY OR ITS REPRESENTATIVE (but not prior to the opening day of school). |
| ✓ | ✓ | PROVIDES COVERAGE DURING THE HOURS THAT SCHOOL IS IN REGULAR SESSION. |
| ✓ | | PROVIDES 24-HOUR-A-DAY PROTECTION. |
| ✓ | ✓ | PROVIDES COVERAGE DURING THE TIME NECESSARY FOR TRAVEL BETWEEN THE INSURED'S HOME AND THE BEGINNING OR END OF REGULAR SCHOOL SESSIONS. |
| ✓ | ✓ | PROVIDES COVERAGE WHILE PARTICIPATING IN (OR ATTENDING) ACTIVITIES ORGANIZED, SPONSORED AND SUPERVISED BY THE SCHOOL. Coverage is also provided for travel directly to and from such activities in a vehicle furnished by the school. |
| | ✓ | COVERAGE EXPIRES AT THE CLOSE OF THE REGULAR SCHOOL TERM. (Coverage will be extended while attending academic classes for credit in the summer, when classroom sessions are exclusively sponsored and solely supervised by the School; however, no coverage will be provided for travel to and from classes). |
| ✓ | | COVERAGE CONTINUES WITHOUT INTERRUPTION ALL SUMMER until school re-opens for the following term. |

OPTIONAL FOOTBALL COVERAGE BEGINS ON THE DATE OF PREMIUM RECEIPT BY THE COMPANY, ITS REPRESENTATIVES OR SCHOOL OFFICIALS, BUT NOT PRIOR TO THE FIRST OFFICIAL DATE OF PRACTICE; AND CONTINUES THROUGH THE DATE OF THE LAST OFFICIAL GAME OF THE CURRENT SEASON INCLUDING PLAYOFFS.

PROTECT YOUR CHILD FOR LIFE *Very affordable life insurance for your Child*

FOR NOW AND THROUGHOUT THEIR GROWING YEARS, THE GREAT START PLAN PROVIDES ALL THE BASIC LIFE INSURANCE YOU NEED ON YOUR CHILD...UP TO \$10,000. FOR THEIR FUTURE...DEPENDING ON YOUR ORIGINAL POLICY, YOUR ADULT CHILD CAN INCREASE THEIR ORIGINAL \$10,000 COVERAGE TO A FULL \$40,000. JUST CHECK (✓) THE BOX FOR LIFE INSURANCE AND SELECT THE AMOUNT YOU WANT FOR YOUR CHILD AS YOU SIGN UP FOR ACCIDENT PROTECTION. YOUR CHILD IS FULLY INSURED FROM THE DAY YOUR POLICY IS APPROVED AND ISSUED. THE ONLY EXCLUSION IS SUICIDE IN THE FIRST 2 YEARS (1 YEAR IN CO AND ND, N/A IN MO). THIS POLICY PROVIDES BASIC LIFE INSURANCE UNTIL YOUR CHILD REACHES AGE 26. AT AGE 26, THE POLICY CONTINUES AS CASH VALUE WHOLE LIFE INSURANCE. CHILDREN AGES 3 MONTHS TO 25 YEARS ARE ELIGIBLE TO APPLY. SIMPLY COMPLETE AND SIGN THE APPLICATION FORM. POLICIES ARE AVAILABLE FOR \$5,000 AND \$10,000 BENEFIT AMOUNTS. THE RATES ARE \$30 A YEAR FOR A \$5,000 POLICY AND \$50 A YEAR FOR A \$10,000 POLICY. AT AGE 26, THE RATES CHANGE TO \$80 PER YEAR FOR A \$5,000 POLICY AND \$150 PER YEAR FOR A \$10,000 POLICY. THESE RATES ARE GUARANTEED TO REMAIN THE SAME FOR LIFE.



Why not take a positive step to PROTECT YOUR CHILD FOR LIFE? \$1 for the first 3 months. APPLY TODAY!

SA-8 **To File A Claim:** Report accidents to the school official. Simplified forms will be furnished through the principal's office (during vacation time contact the administrators of the plan). COMPLETE PROOF OF LOSS AND ACCUMULATED BILLS MUST BE RECEIVED BY THE COMPANY WITHIN 90 DAYS.

Accident Insurance

24-Hour-A-Day Protection

Maximum Protection for each Covered Accident Good All Year 'Round!

Protects your child for the entire school year and extends **throughout the summer** - right up to the day school opens. Your child's coverage is good **WORLDWIDE, 24-HOURS-A-DAY**. This includes covered accidents:

- 📎 At home
- 📎 At play
- 📎 At school
- 📎 On vacation
- 📎 Scouting, camping etc.
- 📎 During travel (see Exclusions and Limitations)
- 📎 While engaged in sports, except those specifically excluded or for which optional coverage is required*

***See OPTIONS for available optional sports coverage, if any.**

At School Protection

Your child is protected while attending regular school sessions. Also covered is travel directly to and from your residence to attend regular school sessions for travel time required, but not more than one hour before or after regular classes. Travel time on the school bus is extended for any additional time needed. In addition, coverage is provided while participating in (or attending) covered activities exclusively organized, sponsored and solely supervised by the school and school employees, including travel directly to and from the activity in a vehicle furnished by the school and supervised solely by school employees. Optional coverage may be required for interscholastic sports. See OPTIONS for available optional sports coverage, if any.

2012-2013 STUDENT INSURANCE PLANS

What's Covered? Up to \$50,000.00 as described under Coverage and Benefits for:

- ACCIDENTS OCCURRING WHILE COVERAGE IS IN FORCE
- LOSS RESULTING DIRECTLY AND INDEPENDENTLY OF ALL OTHER CAUSES FROM ACCIDENTAL BODILY INJURY
- COVERED MEDICAL EXPENSE WHICH BEGINS WITHIN 120 DAYS OF THE ACCIDENT AND IS INCURRED WITHIN 52 WEEKS OF THE DATE OF FIRST MEDICAL TREATMENT

Your school district does not carry medical or dental insurance for your child should he/she be injured on school premises while under school grounds jurisdiction, or through school sponsored activities. However it does make this plan available to you, for your consideration.

Esto es para avisarle que su Distrito de la Escuela no tiene aseguranza medica ni dental para su nino/nina si se lastima en el terreno de la escuela aunque haiga supervisor en las actividades. Pero se puede tener un plan para su consideracion. Este plan de aseguranza es voluntario. Usted debe saber que la ley del estado requiere cualquier estudiante que participe en deportes escolares debe tener aseguranza adecuada para medico antes de paticipar en deportes.

COVERAGE & BENEFITS

BENEFITS ARE PAYABLE UP TO THE DOLLAR AMOUNTS SPECIFIED BELOW

| BENEFITS EACH ACCIDENT | | HIGH OPTION | LOW OPTION | BENEFITS EACH ACCIDENT | | HIGH OPTION | LOW OPTION | |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------|-------------------|
| INPATIENT HOSPITAL EXPENSE | ROOM AND BOARD, Per Day | Semi-private 2x Semi-private \$3,000.00 | \$300.00 | OUTPATIENT IMAGING PROCEDURES Including X-rays and Interpretation | FRACTURE OR DISLOCATION | \$500.00 | \$250.00 | |
| | INTENSIVE CARE, Per Day | | \$600.00 | | NO FRACTURE OR DISLOCATION | \$100.00 | \$50.00 | |
| | MISCELLANEOUS EXPENSE, (Includes outpatient same day surgery requiring general anesthetics) | | \$1,500.00 | | MAGNETIC RESONANCE IMAGING (MRI) or CAT SCAN | \$600.00 | \$300.00 | |
| OUTPATIENT HOSPITAL EXPENSE | EMERGENCY CARE (Hospital or other emergency care facility) | \$150.00 | \$75.00 | OUTPATIENT PRESCRIPTION DRUGS | | 100% | \$50.00 | |
| SURGERY (Includes reduction of fractures, suturing or cutting operations) | DOCTOR'S FEE, Per Unit Unit Value Determined by a Relative Value Schedule | \$270.00 | \$175.00 | DENTAL EXPENSE | Treatment for injury to sound, natural teeth - PER TOOTH | \$300.00 | \$150.00 | |
| | ANESTHETIST, Percent of Surgical Allowance | 25% | 25% | | EYEGLASS REPLACEMENT | For broken eyeglasses or lenses resulting from an accident requiring medical treatment | \$150.00 | \$100.00 |
| | ASSISTANT SURGEON, Percent of Surgical Allowance | 25% | 25% | | | CASTS | For non-surgical cases | \$50.00 |
| DOCTOR FEES Non-surgical | First Visit | \$60.00 | \$30.00 | OTHER BENEFITS The largest of these benefits will be payable in addition to the benefits shown above | ACCIDENTAL DEATH caused by an injury and occurring within 100 days of the covered accident | \$5,000.00 | \$5,000.00 | |
| | Subsequent Visits When treatment primarily involves physiotherapy, diathermy, heat treatment, manipulation or massage, there will be a maximum of 9 visits | \$30.00 | \$15.00 | | DISMEMBERMENT caused by an injury and occurring within 100 days of the covered accident | Loss of one hand, one foot or on eye | \$5,000.00 | \$5,000.00 |
| ORTHOPEDIC APPLIANCES | Includes Braces and Crutches | \$100.00 | \$50.00 | GP-1200 (CA-1) | Both hands, feet or eyes | \$10,000.00 | \$10,000.00 | |
| AMBULANCE EXPENSE | Payment shall be made to the medical transportation provider directly | Reasonable & Customary | \$250.00 | | | | | |

EXTENDED DENTAL BENEFIT OPTION The DENTAL EXPENSE BENEFIT can be increased to pay reasonable & customary charges for examination, diagnoses and x-ray, restorative treatment, endodontics and oral surgery (not to include periodontics or orthodontics). A maximum of \$250.00 shall be payable for dental prostheses (bridge, full or partial denture) or replacement of previous dental repairs. If dentist certifies in writing within 52 weeks of the accident that treatment must be deferred, we will pay a maximum of \$100.00 in place of all other dental benefits.

EXCLUSIONS The policy does not provide benefits for:

1. Treatment, services or supplies which: are not medically necessary; are not prescribed by a doctor as necessary to treat an injury; are determined to be experimental/investigational in nature; are received without charge or legal obligation to pay; are received from persons employed or retained by the Policyholder or any family member; or are not specifically listed as covered charges in the Policy.
2. Injury by acts of war, whether declared or not.
3. Injury covered by Worker's Compensation or the Occupational Disease Law.
4. Expense in excess of \$500 for re-injury or complications of an injury which occurred prior to the Policy's effective date.
5. Hernia, any type, regardless of cause.
6. Injury sustained fighting or brawling, except as an innocent victim.
7. Treatment of sickness or disease in any form, blisters, insect bites, frostbite, heat exhaustion or sunstroke.
8. Treatment of vegetation or ptomaine poisoning or bacterial infections, except pyogenic infections due to accidental open cuts.
9. Injury sustained skiing, except when 24-Hour Coverage is purchased.
10. Injury sustained while operating, riding in or upon, mounting or alighting from, any two- three- or four wheeled motor/engine driven recreational vehicle or all terrain vehicle (ATV).
11. Injury sustained while participating in or practicing for interscholastic tackle football in grades 9 through 12, including travel, unless optional coverage has been purchased.

LIMITATIONS

1. After the first \$500.00 in benefits are paid, this plan will not duplicate payment by any other insurance. IT WILL PAY ANY BALANCES EXISTING AFTER SUCH INSURANCE UP TO THE BENEFIT OTHERWISE PAYABLE.
2. Accidents resulting from surfing or involving a motor vehicle are limited to an aggregate maximum of \$5,000.00. This does not apply to motor vehicles which are excluded from coverage.

This is an illustration of your child's benefits. Please keep for your records. This is not a contract. The master policy is on file with your school.

For Claims Call: (800) 622-1993

Administered by: **PACIFIC EDUCATORS, INC.**, 2808 E. Katella Ave., Suite 101, Orange, CA 92867-5299 (714) 639-0962 or (800) 722-3365 Pacific Educators' California License No. - 0429928

2012-13 SCHOOL YEAR APPLICATION

0252

| ONE TIME ANNUAL PAYMENT FOR ACCIDENT PLANS | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------|
| NO REFUNDS ARE AVAILABLE FOR ACCIDENT PLANS | | |
| OPTIONS | HIGH OPTION | LOW OPTION |
| 24-HOUR-A-DAY PLAN \$50,000 Maximum per injury Grades Pre-K thru 8 Grades 9 thru 12 | <input type="checkbox"/> \$150.00 <input type="checkbox"/> \$179.00 | <input type="checkbox"/> \$70.00 <input type="checkbox"/> \$86.00 |
| AT SCHOOL PLAN \$50,000 Maximum per injury - High Option \$25,000 Maximum per injury - Low Option Grades Pre-K thru 8 Grades 9 thru 12 | <input type="checkbox"/> \$23.00 <input type="checkbox"/> \$50.00 | <input type="checkbox"/> \$10.00 <input type="checkbox"/> \$22.00 |
| OPTIONAL FOOTBALL COVERAGE (2012 Season Only) Payable in addition to At School and 24 -Hour injury \$25,000 Maximum per injury Grade 9 Grades 10 thru 12 | <input type="checkbox"/> \$75.00 <input type="checkbox"/> \$165.00 | <input type="checkbox"/> \$34.00 <input type="checkbox"/> \$78.00 |
| EXTENDED DENTAL OPTION <input type="checkbox"/> \$6.00 | | |
| GREAT START* Life Insurance Protection <input type="checkbox"/> \$1.00 For first 3-months full coverage. (May be selected with or without other plans) Pick an Amount <input type="checkbox"/> \$ 5,000.00 <input type="checkbox"/> \$10,000.00 | | |

Student Insurance Application to: Guarantee Trust Life Insurance Company, Glenview, Illinois

PLEASE PRINT CLEARLY

School _____ District _____ Grade _____

Person to be insured _____
First Name M Last Name Social Security #

Address _____
No. and Street City State Zip Code

Age ____ Date of Birth _____ Male Female Phone No. () _____
Month Day Year

***COMPLETE THIS SECTION IF A MODIFIED WHOLE LIFE POLICY WITH 3 MONTHS PRELIMINARY TERM IS DESIRED.**

Mail Policy and Premium Notice to: _____
First Name Middle Initial Last Name

Has the person to be insured, within the last 5 years, had or received medical treatment or advice for: high blood pressure, heart trouble, cancer or tumor, kidney trouble, diabetes, epilepsy, birth defects, drug or alcohol abuse or a sexually transmitted disease?..... No Yes

Within the past 5 years, has the person to be insured been diagnosed by a medical doctor as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or for the purpose of obtaining insurance, tested positive for the presence of the Human Immunodeficiency Virus (HIV)?..... No Yes

Is this insurance meant to replace any existing insurance or annuities with any company?..... No Yes

If answer is yes, list company name and address. _____

To the best of my knowledge and belief, the above answers are true and correct. I understand that I am the Policy's Owner and Beneficiary, unless another Beneficiary is named. I also understand the insurance is not effective until October 15, 2012, or the date the application is received by the company or its representatives, if later. Any life insurance premium will be refunded if the policy is not issued.

Date _____ Signature _____

APP4-96-CA

Relationship to Insured:

- Self Grandparent
 Guardian Parent

TOTAL \$ _____ (Please do not send cash)

MAKE CHECK PAYABLE TO:

PACIFIC EDUCATORS, INC.

TO PAY BY CREDIT/DEBIT CARD PLEASE GO TO:

WWW.PEINSURANCE.COM OR CALL (800) 722-3365

L-06-30

PLEASE REMEMBER TO:



COMPLETE THE APPLICATION FORM AND CHECK THE PLAN AND OPTIONS YOU WANT.



MAKE YOUR CHECK OR MONEY ORDER (PLEASE DO **NOT** SEND CASH) FOR THE TOTAL ENCLOSED PAYABLE AS INDICATED.

MAIL THE APPLICATION WITH YOUR CHECK OR MONEY ORDER TO:



Pacific Educators, Inc.
2808 E. Katella Ave., Suite 101
Orange, CA 92867-5299





PLEASE NOTE: YOUR CANCELED CHECK IS YOUR RECEIPT. IF CANCELED CHECK IS NOT RECEIVED WITHIN 60 DAYS, PLEASE CONTACT YOUR PLAN ADMINISTRATOR.

For faster service you can pay by credit or debit card. Please visit us online at:

www.peinsurance.com

click Products then Students

or call (800) 722-3365

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>Member: California Student ID Number: 26291W22ES Program: UNARxCARD RxBIN: 610709 RxGrp: PFCEDU</p> <p>Note: Everyone is eligible for this program. There are no age or income restrictions. Each family member must have his/her own card. If you can't print a card have your pharmacy call the Pharmacy Help Line and we will help them process your prescription.</p> <p>THIS PROGRAM IS NOT INSURANCE THIS PROGRAM IS A POINT OF SALE DISCOUNT PLAN</p> | <p>INSTRUCTIONS This card is pre-activated and can be used immediately. Simply print this card and take to any participating pharmacy to receive a discount. You can search pharmacy, pricing information, and FAQ's on the website. We are restricted from disclosing drug pricing over the phone. Customer Service (TOLL FREE) 800-726-4232</p> <p>ATTENTION PHARMACIST If you need help processing a prescription call our Pharmacy Help Line at Pharmacy Help Line (TOLL FREE) 877-321-6755.</p> <p>PROGRAM POWERED BY:</p> <div style="text-align: center;">  <p>© Copyright 2010 United Networks of America</p> </div> |
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IMPORTANT: PRINT CARD. YOU WILL NEED TO BRING THIS CARD TO THE PHARMACY WITH YOUR PRESCRIPTION.

We are proud to announce that Pacific Educators is now making available a **FREE Prescription Drug Card Program** to help anyone lower their prescription drug costs.

This card can be used with a primary plan and/or on prescriptions not covered by your insurance plan. It also can be used even if you don't have any insurance. The Rx Card Program has no restrictions or participation requirements and is open to anyone.

This Free Prescription Drug Card is pre-activated and can be used immediately.

